

IN THE CLAIMS

Please amend the claims as follows:

1. (Previously Presented) A method of stimulating a HIV1-specific CD8⁺ response in a human infected with an HIV retrovirus said method comprising:
administering to the human, an attenuated recombinant pox virus, which enters the cells of the human and intracellularly produces HIV specific peptides for presentation on the cell's MHC class I molecules,
where said peptides are presented in an amount sufficient to stimulate HIV antigen-specific CD8⁺ and CD4⁺ responses, and
where said human
 - i. has a viral load of less than 10,000 viral copies per ml of plasma and a CD4⁺ cell count of above 500 cells/ml, and
 - ii. has been treated with one or more anti-viral agents, which contributed to a lower viral copy and higher CD4⁺ cell count than before treatmentwhere said HIV specific peptides comprise HIV Gag, Gp120, Nef or Pol peptides.
2. (Previously Presented) A method of claim 1 wherein the human has been treated with anti-viral agents, which resulted in the human having a viral load of less than 1,000 viral copies per ml of blood serum and a CD4⁺ cell count of above 500 cells/ml.
3. (Original) A method of claim 2 wherein the anti-viral agents comprise a combination of protease inhibitors and inhibitors of reverse transcriptase.
4. (Canceled)
5. (Canceled)
6. (Canceled)

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7. (Previously Presented) A method of claim 1 wherein the attenuated recombinant pox virus comprises NYVAC or ALVAC.
 8. (Previously Presented) A method of claim 1 wherein the recombinant pox virus comprises MVA.
 9. (Previously Presented) A method of claim 1 where the attenuated recombinant pox virus is administered a second time.
 10. (Previously Presented) A method of claim 1 wherein the HIV specific peptides are structural viral peptides.
 11. (Canceled)
 12. (Previously Presented) A method of claim 1 wherein the method further comprises administering an adjuvant.
 13. (Original) A method of claim 1 further comprising administering interleukin 2 or CD40 ligand in an amount sufficient to potentiate the CD8⁺ response.
 14. (Previously Presented) A method of claim 1 where the human has been infected with HIV and has demonstrated repeated and sustained proliferative T-cell responses to Gp120 envelope protein.
 15. (Previously Presented) A method of claim 14 where the human has demonstrated repeated and sustained proliferative T-cell responses to p24 Gag antigen.
 16. (Previously Presented) A method of claim 1 where the human is infected with HIV and is further tested by a skin test for a hypersensitive response to p24 Gag antigen.

17. (Previously Presented) A method of claim 1 where the human is infected with HIV and is further tested by a skin test for a hypersensitive response to Gp120 envelope antigen.

18. (Canceled)

19. (Canceled)

20. (Previously Presented) A method of stimulating a HIV1-specific CD8⁺ response in a human infected with an HIV retrovirus said method comprising:

administering to the human, an attenuated recombinant pox virus, which enters the cells of the human and intracellularly produces HIV specific peptides for presentation on the cell's MHC class I molecules,

where said peptides are presented in an amount sufficient to stimulate HIV antigen-specific CD8⁺ and CD4⁺ responses, and

where said human

i. has a viral load of less than 10,000 viral copies per ml of plasma and a CD4⁺ cell count of above 500 cells/ml, and

ii. has been treated with one or more anti-viral agents, which contributed to a lower viral copy and higher CD4⁺ cell count than before treatment

where said HIV specific peptides comprise Gag, Pol, Env peptides or a combination thereof.

21. (Previously Presented) The method of claim 2, wherein anti-viral treatment is reduced or stopped after administering the recombinant virus.

22. (Previously Presented) The method of claim 2, wherein anti-viral treatment is interrupted after administering the recombinant virus.